

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

10 JAN 26 AM 11:06

Full Name of Committee McINTOSH FOR JUDGE COMMITTEE		Registration Number/IMPACT BOARD OF ELECTIONS	
Full Name of Candidate STEPHEN L. MCINTOSH			
Street Address 2168 CITY GATE DRIVE		Office Sought JUDGE, COURT OF COMMON PLEAS	
City COLUMBUS		State OH	Zip Code 43219
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Post-General	<input type="checkbox"/> Termination	<input checked="" type="checkbox"/> Annual Year 2019
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of Election		11/07/06	

For candidates only, during an election year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐
No other forms are required for a post-primary or post-general period, if above statement applies See R C 3517 10(H) for details

1 Amount brought forward from last report	\$	2775	67
2 Total monetary contributions (From Form No 31-A)	\$	0	00
3 Total other income (From Form No 31-A-2)	\$	0	00
4 Total funds available (sum of lines 1, 2, 3)	\$	\$0	00
5 Total monetary expenditures (From Form No 31-B)	\$	267	00
6 Balance on hand (line 4 minus line 5)	\$	1536	86
7 Value of in-kind contributions received (From Form No 31-J-1)	\$	0	00
8 Value of in-kind contributions made (From Form No 31-J-2)	\$	0	00
9 Outstanding loans owed by committee (From Form No 31-C)	\$	71698	20
10 Outstanding debts owed by committee (From Form No 31-N)	\$	0	00
11 Outstanding loans owed to committee (From Form No 31-K)	\$	0	00
12 Value of independent expenditures made (From Form No 31-U)	\$	0	00
13 For Electronic Filing Entries only Sum of lines 2, 7, and amount of any new loans received this period.	\$	0	00

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

CARDIN FRANCIS, TREASURER
Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution pages **1**

Expenditure pages **1**

Other pages **5**

Total pages **66**

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 1

Name of Committee in Full McINTOSH FOR JUDGE COMMITTEE									
To Whom Paid CHASE BANK						M	D	Y	Amount 267.00
Address SERVICE FEES			Purpose THE YEAR 2009						
City			State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State OH		Zip Code		Check Number		

267.00
Page Total **\$0.00**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Page 1

Name of Committee in Full McINTOSH FOR JUDGE COMMITTEE									
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH		Zip Code		M	D	Y
							Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH		Zip Code		M	D	Y
							Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH		Zip Code		M	D	Y
							Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH		Zip Code		M	D	Y
							Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH		Zip Code		M	D	Y
							Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH		Zip Code		M	D	Y
							Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH		Zip Code		M	D	Y
							Amount		
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City			State OH		Zip Code		M	D	Y
							Amount		

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members if any must also appear [R C 3517 10(B)(4)]

Page Total **\$0.00**

In-Kind Contributions Received

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Page 1

Name of Committee in Full M^cINTOSH FOR JUDGE COMMITTEE			
Full Name of Contributor	Employer Occupation Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State OH Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State OH Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State OH Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer Occupation Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State OH Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer Occupation Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State OH Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer, Occupation, Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State OH Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	
Full Name of Contributor	Employer Occupation Labor Organization*	Registration Number, if PAC	
Street Address	Description of Item or Service	M	D Y Fair Market Value
City	State OH Zip Code	Received at Fundraising Event? <input type="radio"/> YES <input type="radio"/> NO	

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Page Total **\$0.00**

Statement of Loans Received

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Page 1

Full Name of Committee McINTOSH JAIL JUDGE COMMITTEE																					
From Whom Received										Prior Amount 7698.20		Amt Incurred this Period 0									
Address												Outstanding Balance 7698.20									
City		State OH		Zip Code		Loans Received This Period				Payments This Period											
						Date		Amount		Date		Amount									
Date Loan was originally Incurred		M		D		Y				M		D		Y							
Registration Number, if PAC						M		D		Y				M		D		Y			
Employer/Occupation/Labor Organization*						M		D		Y				M		D		Y			

From Whom Received										Prior Amount		Amt Incurred this Period									
Address												Outstanding Balance									
City		State OH		Zip Code		Loans Received This Period				Payments This Period											
						Date		Amount		Date		Amount									
Date Loan was originally Incurred		M		D		Y				M		D		Y							
Registration Number, if PAC						M		D		Y				M		D		Y			
Employer/Occupation/Labor Organization*						M		D		Y				M		D		Y			

From Whom Received										Prior Amount		Amt Incurred this Period									
Address												Outstanding Balance									
City		State OH		Zip Code		Loans Received This Period				Payments This Period											
						Date		Amount		Date		Amount									
Date Loan was originally Incurred		M		D		Y				M		D		Y							
Registration Number, if PAC						M		D		Y				M		D		Y			
Employer/Occupation/Labor Organization*						M		D		Y				M		D		Y			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any must also appear [R C 3517 10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No 31-B). Transfer Outstanding Balance to the Cover page (Form No 30-A).

¹ Total prior amount \$ 7698.20

² Total received this period \$ \$0 00 (To Form No 31-A-2)

³ Total payments this period \$ \$0 00 (To Form No 31-B)

⁴ Total Outstanding Balance \$ 7698.20 (To Form No 30-A)

Statement of Other Income

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Page 1

Name of Committee in Full				Registration Number, if PAC			
Full Name MCINTOSH FOR JUDGE COMMITTEE							
Address		Type*		M	D	Y	Amount
City		RE State	Zip Code	Form (Cash, Check, etc)			
Full Name		OH					
Address				Registration Number, if PAC			
City		Type*		M	D	Y	Amount
		RE State	Zip Code	Form (Cash, Check, etc)			
Full Name		OH					
Address				Registration Number, if PAC			
City		Type*		M	D	Y	Amount
		RE State	Zip Code	Form (Cash, Check, etc)			
Full Name		OH					
Address				Registration Number, if PAC			
City		Type*		M	D	Y	Amount
		RE State	Zip Code	Form (Cash, Check, etc)			
Full Name		OH					
Address				Registration Number, if PAC			
City		Type*		M	D	Y	Amount
		RE State	Zip Code	Form (Cash, Check, etc)			
Full Name		OH					
Address				Registration Number, if PAC			
City		Type*		M	D	Y	Amount
		RE State	Zip Code	Form (Cash, Check, etc)			
Full Name		OH					
Address				Registration Number, if PAC			
City		Type*		M	D	Y	Amount
		RE State	Zip Code	Form (Cash, Check, etc)			
Full Name		OH					
Address				Registration Number, if PAC			
City		Type*		M	D	Y	Amount
		RE State	Zip Code	Form (Cash, Check, etc)			
Full Name		OH					
Address				Registration Number, if PAC			
City		Type*		M	D	Y	Amount
		RE State	Zip Code	Form (Cash, Check, etc)			
Full Name		OH					

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received, RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets or LN for payments received on a loan made

Page Total \$

0.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date _____
Page _____

Name of Committee in Full				
McINTOSH FOX JUDGE Committee				
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor		Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)	

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Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

\$0.00

Total expenditures this event

\$0.00

Page Total \$ 0.00